

## **Attorneys**

## ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

Representation	San Bernardino County Public Attorneys Association
Contract Date	2019-2024
Health and Welfare	
Benefit Level	Full Time (61 - 80 hours)
Medical Premium Subsidy (MPS)	Employee Only \$199.31 Employee + 1 \$359.08 Employee + 2 \$503.41
Dental Premium Subsidy (DPS)	Up to \$9.46
Medical Opt-Out or Waive	\$40.00
Vision	Employer-Paid for Employee Only Coverage
Life Insurance - Employer Paid	\$50,000
Voluntary Term Life	Employee: \$10,000 - \$700,000 Spouse/Domestic Partner: \$10,000 - \$250,000 Child(ren): \$5,000 - \$20,000
Voluntary AD&D	Employee: \$10,000 - \$250,000 Spouse/Domestic Partner: \$5,000 - \$125,000 Child(ren): \$3,125 - \$25,000
Leave Provisions	
Vacation	80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year
Sick	3.39 hours/pay period
Bereavement	2 days/per occurrence
Holiday	13 + 1 floating/year
Attorney	80 hours/year
Perfect Attendance	Annual Gym Membership Reimbursement up to \$299  OR-  16 hours of Perfect Attendance Leave
Retirement	
Retirement Formulas Reciprocity provision may apply	Tier I  2.0% at age 55  Hired PRIOR TO January 1, 2013  Tier II  2.5% at age 67  Hired ON or AFTER January 1, 2013

Retirement – Other		
<b>457(b)</b> Eligible to enroll at any time	All employees in bargaining unit covered by the MOU shall automatically be enrolled in the County's 457 Deferred Compensation Plan and contribute 1.00% of base salary to the plan. Employees may withdraw participation at any time.	
	After one year of continuous service in a regular position, County will match ½ times employee contribution up to ½%	
Retirement Medical Trust Fund – Sick Leave Conversion	Employees become eligible to convert a portion of their sick leave to the RMT upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s).	
Retirement Medical Trust Fund – County Contribution	County Contribution, based on continuous years of service:  10-14 years = 1.50% of bi-weekly base salary  1519 years = 2.00% of bi-weekly base salary  20+ years = 2.50% of bi-weekly base salary	
Other		
529 Education Savings Plan	Eligible	
Bar Dues	Costs associated with renewal of membership in the California State Bar Association	
Dependent Care Assistance Plan	Eligible	
	Annual Maximum: \$2,700 or \$103.84 per pay period for 26 pay periods	
Flexible Spending Account (FSA)	Employee who select the County-sponsored Blue Shield Access+ HMO or Kaiser Choice HMO plan and elect to enroll in the FSA shall be eligible for up to a \$10.00 per pay period match to be credited on a quarterly basis.	
Qualified Transportation Plan	Pre-tax deductions of up to \$265/month for qualified transportation (commuter) expenses	
Short Term Disability Benefit	55% up to \$1,252/week	

The County provides a *Medical Premium Subsidy* biweekly to help offset the cost of your medical premium.

**Example #1:** A Child Support Attorney I elects Blue Shield Signature HMO and Delta Care USA DHMO plans with Employee Only coverage.

\$269.30 (combined cost of premiums)

- \$199.31 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$ 60.53 (biweekly out-of-pocket cost)

**Example #2:** A Deputy District Attorney II elects Kaiser Permanente Traditional HMO and Delta Dental PPO plans with Employee + 2 or more coverage.

\$923.15 (combined cost of premiums)

- \$503.41 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$410.28 (biweekly out-of-pocket cost)

**Example #3:** A Deputy Public Defender III elects Blue Shield Signature HMO and DeltaCare USA DHMO plans with Employee + 1 or more coverage.

\$521.21 (combined cost of premiums)

- \$359.08 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$164.24 (biweekly out-of-pocket cost)

Plan Year 2019-24 Revised 11/21/2019 **Example #3:** A Child Support Attorney I elects Blue Shield Access+ HMO and DeltaCare USA DHMO plans with Employee + 1 or more coverage.

\$235.28 (combined cost of premiums)

- \$199.31 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$26.51 (biweekly out-of-pocket cost)